

Transgender Inmate Care - Accommodations

Certain accommodations may be appropriate for inmates who identify as transgender. While psychologists support inmates in their transition, they DO NOT approve or deny accommodations. The information in this section is for informational purposes and may assist in referring inmates to the appropriate staff and departments for accommodations. Additional information is available on the [Women and Special Populations Branch site](#), and Associate Wardens should contact that office with any questions about accommodations.

- **Gender Specific Undergarments:** Both male and female transgender inmates may request to be issued gender affirming undergarments through laundry. These include underwear, and for M2F inmates, sports bras. Psychologists refer questions on this issue to the AW or Laundry.
- **Gender Specific Commissary Items:** Inmates with a TRN assignment in SENTRY may request to purchase gender specific commissary items from the Bureau's standardized list . These items must be available at all sites. Psychologists should refer all questions on this topic to Trust Fund. The Standardized Female Transgender Commissary Item list can be found [here](#).
- **Cross Gender Pat Searches:** Transgender inmates may request the Warden approve pat search procedures consistent with those of their identified gender. Psychology Departments may be consulted on this issue, typically to provide information about whether a modification to pat search procedures would support the mental health and/or adjustment of the inmate. However, Correctional Services should receive these requests, oversee this process, and manage associated administrative procedures.
- **Separate Showers:** Separate showers mean the inmates can shower out of view of others. If the concern is raised, the Institution PREA Coordinator may contact [Jill Roth](#), National PREA Coordinator.

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Transgender Inmate Care - Treatment

- **Suicide Prevention:** Transgender inmates compose a tiny percentage of the Bureau population, but they are significantly overrepresented in suicide deaths, self-directed violence, and the need for suicide risk assessment. A suicide reconstruction and file reviews indicate that psychologists sometimes treat gender dysphoria without giving adequate attention to suicide risk. Suicide risk should always be assessed and, when present, treated as a primary problem with evidence based practices (e.g., DBT, B-CBT).
- **Gender Dysphoria:** Treatment for gender dysphoria typically focuses on mood regulation (ESR, DBT), distress tolerance (DBT) relapse prevention (MBCT), education, and enhancing social support (support group, family connections). The need for services can often be greatest at times such as coming out, initiating hormone therapy, following surgical procedures, and transition to the community.
- **Transgender Support Groups:** Institutions with significant transgender populations may consider offering a support group. Women and Special Populations and Psychology Services Branch created the [support group manual for Emerging Identity](#). This group can be led by a psychologist or a social worker.

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Assessment occurs at multiple points and is integrated into a variety of contacts and treatment decisions.

Intake: Transgender screening typically takes part as a component of the psychology services intake and should involve all the components of an intake. Specific to transgender inmates:

- Transgender self-identity should be determined and sentry codes modified appropriately
- A diagnosis of Gender Dysphoria should be given or ruled out using Diagnostic Care Level Formulation note; a guide for this assessment is linked [here](#)
- Any other mental health disorders should be diagnosed
- Transgender needs should be considered when assigning a care level

Hormone Therapy and Other Medical Interventions: Consistent with policy, Health Services will typically request consultation prior to prescribing hormones or other medical interventions (e.g., hair removal) to transgender inmates. Psychologists should document this consultation in the PDS-BEMR as a Consultation. Considerations include:

- Transgender self-identity OR presentation consistent with DSM Criterion A for Gender Dysphoria OR a diagnosis of Gender Dysphoria
- The development and stability of the inmate's transgender identity
- The inmate's ability to tolerate potential emotional side effects of hormones
- The inmate's expectations for the impact of hormones

This consultation will typically conclude with one of the following findings:

- Feminizing/Masculinizing hormones are likely to support the mental health of the inmate
- Feminizing/Masculinizing hormones are not likely to support the mental health of the inmate
- It is not clear whether feminizing/masculinizing hormones are likely to support the mental health of the inmate and additional assessment or treatment is recommended (e.g., a course of DBT to enhance distress tolerance skills, additional experience living in the role of the preferred gender role, consultation with Health Services to refine expectations for hormone therapy).

Redesignation: Requests for redesignation to an institution consistent with the inmate's identified gender are reviewed by the Transgender Executive Committee (TEC) in the Central Office. Inmates are required to have met several benchmarks in their transition before a formal request will be considered. A psychologist conducts a Diagnostic and Care Level Formulation that is entered directly into PDS as a component of this review.

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